| 21503<br>60639   | 37922<br>9                        |   | State of Ne  |                                       | Moto                | r Ve                                       | hicl               | e Ad                    | ccid                 | er                                  | nt Re                               | port                         | ;  | Shee               | et1            | of _            | 2    |
|--|-----------------------------------|---|--|---------------------------------------|---------------------|--|--------------------|-------------------------|----------------------|-------------------------------------|-------------------------------------|------------------------------|--|--------------------|----------------|-----------------|------|
| 2 Total Number   |                                   |   | Local No./ District 029  Agency Case No. B5-086352 |                                       |                     |  |                    |                         |                      |                                     | HIT & RUN                           | INVESTIGATION MADE AT SCENE? |  |                    |                |                 |      |
| A/1  | of Vehic                          |   | M / D D /  | •                                     |                     |  |                    |                         | X NO<br>tary Time)   | STATE USI                           | YES<br>E ONLY                       | <u> </u>                     | NO   | 1                  |                |                 |      |
| 02   | OF<br>ACCIDENT                    |   | 7/2015   | YYY                                   | s n                 | $\stackrel{M}{\sqcap}\stackrel{T}{\sqcap}$ | W TH               | TH F S TIME OF ACCIDENT |                      |                                     | 1655                                |                              |  |                    |                |                 |      |
| A/2  | PLACE                             | COUNTY  | POLICE   |                                       |                     |  |                    |                         |                      | Ε                                   | 1705                                |                              |  |                    |                |                 |      |
| В  | OF<br>ACCIDENT                    | CITY  | Lincoln  |                                       |                     |  | PRIVATE<br>PROPERT | 09/17/2015              |                      |                                     |                                     |                              |  |                    |                |                 |      |
| 67   | ROAD O                            |   |  |                                       | ONE-V               |  |                    | ONE-WAY                 | YES NO               | LATITUDE                            |                                     |                              |  |                    |                |                 |      |
| C<br>1   | ACCIDENT                          |   | FEET   | N N                                   | OF                  | STREET HIGHWAY NO.                         |                    |                         |                      | STREET?<br>NO.                      | $\bigcirc \mathbf{x}$               | LONGITUE                     | Σ  |                    |                | -               |      |
| 1  |                                   | MILEPOST MILEPOS'  IF AT INTERSECTION           |  |                                       |                     |  |                    |                         | AT INT               |                                     |                                     |                              |  |                    |                |                 |      |
| <sup>D</sup>   |                                   |   |  |                                       |                     |  | FEET MILES N S E   |                         |                      |                                     |                                     | , BRIDGE, RAILROAD CROSSING  |  |                    | 1              |                 |      |
| V1/M   | N 27th/ Vine St                   |   |  |                                       |                     |  |                    |                         |                      |                                     |                                     |                              |  |                    |                |                 |      |
| 02   | MILES                             |   | IF<br>N S E  | W AND                                 | VAS OUTSIDE         |  | ITS, INI           |                         | ISTANC<br>NEAREST    | E FF                                | ROM NEAR                            | EST TOWN                     |  |                    |                |                 |      |
| V2/M   |                                   |   | N 3 L  | MILES                                 |                     | IX.  | 3 L                |                         | OR TOW               | /N                                  |                                     |                              |  |                    |                |                 |      |
| 01<br>E  | R. WORK                           |   | R2 R3 R4   | S. PEDES                              | TRIAN SIFICATION    | S1 S2                                      | S3                 |                         |                      |                                     |                                     |                              | ACCIDENT INVOLVE DAMAGE TO DEPT. OF ROADS' PROPERTY? |                    |                |                 |      |
| 2  | CODES                             | 1   |  |                                       |                     |  |                    |                         |                      | ◯YES 🌋 NO                           |                                     |                              |  |                    |                |                 |      |
| F  |                                   |   |  |                                       |                     | VE   | HICLE              | NO. 1                   |                      |                                     |                                     | 07177                        | 1  |                    |                |                 | ]    |
| 1  | DRIVER<br>LICENSE                 |   | NO. H13760   | 0091                                  |                     |  |                    |                         | Tourne               |                                     |                                     | (Of License)                 | NE   | SE                 |                | FEMALE<br>MALE  | _    |
| V1/N   | JOSEPH                            |   | RAY  |                                       |                     |  |                    |                         | PHONE<br>202         | -170                                | 07                                  |                              | LOCAL NO   | J.                 |                |                 |      |
| 2<br>V2/N  | 200 GAS                           |   | IT LN, LINC  | OLN. NE                               | CITY, STAT<br>68521 |  |                    |                         |                      |                                     | DATE OF<br>BIRTH<br>(MM / DD / YYYY | 05/21/1997                   |  |                    |                | V1/1            |      |
| 2  | owner<br>Joseph                   |   |  | · · · · · · · · · · · · · · · · · · · | PHONE 202           |  | LOCAL NO.          |                         |                      |                                     |                                     |                              | 18<br>V1/2   |                    |                |                 |      |
| G  | OWNER ADDRI                       | ESS   |  |                                       | TE, ZIP             |  |                    | CITATION X YES          |                      |                                     |                                     | CITATION                     |  | ,                  |                |                 |      |
| 4  | 200 ga                            | 200 gaslight, Lincoln, NE LICENSE PA NO. SHE679 |  |                                       |                     |  |                    |                         | PENDING NO YEAR 2045 |                                     |                                     |                              | LB476137 STATE                                       |                    |                | V1/3            |      |
| н<br>2   | PLATE                             | PA  | NO. SHE679   | MAKE                                  | MOD                 | )EL  |                    | BODY STY                | LE                   | (Pla                                | ate Expires)                        | 2015                         | STIMATED [   | (Of PI             | ate)           | NE              | V1/4 |
| V1/O   | VEHICLE                           |   | 2000   | Toyota                                | Ü\                  |  |                    | 4 doo                   |                      | an                                  | green                               | 2                            | TOTALE   |                    |                |                 | _    |
| 3  | VEHICLE ID<br>NO. (VIN)           | 1N)   | XBR12E7YZ  |                                       |                     | NONE                                       |                    |                         |                      |                                     | V1/5<br>18                          |                              |  |                    |                |                 |      |
| V2/O<br><b>3</b>   | TOWED TO  Capital                 |   |  |                                       |                     |  |                    |                         |                      |                                     |                                     |                              |  |                    |                | V1/6            |      |
| ı  | VEHICLE NO. 2                     |   |  |                                       |                     |  |                    |                         |                      |                                     |                                     |                              |  |                    |                | 35              |      |
| 1  | DRIVER<br>LICENSE                 | l   | NO. H13362   | 991                                   |                     |  |                    |                         |                      |                                     |                                     | STATE<br>(Of License)        | NE   |                    |                | FEMALE<br>MALE  |      |
| V1/P<br><b>1</b>   | MACY L                            | MEYI  | ΕR   |                                       |                     | PHONE 239-0699                             |                    |                         |                      |                                     | LOCAL NO.                           |                              |  |                    | V2/1           |                 |      |
| V2/P   | DRIVER ADDRI                      | D ST.   | WYMORE,  | NE 68466                              | CITY, STAT          | ΓE, ZIP                                    |                    |                         |                      | DATE OF<br>BIRTH<br>(MM / DD / YYYY | o5/23/1993                          |                              |  |                    | 18             |                 |      |
| 1  | OWNER MARK                        |   |  |                                       |                     | 20   | [(MINI / DD / TTTT | LOCAL NO.               |                      |                                     |                                     | V2/2                         |  |                    |                |                 |      |
| J<br>04  | OWNER ADDRI                       | ESS   |  | NE 0040                               | CITY, STAT          | ΓE, ZIP                                    |                    | 239-0699<br>  CITATION  |                      |                                     |                                     |                              |  |                    |                |                 | V2/3 |
| 01<br>V1/Q   | LIGENOE                           |   | WYMORE,  | NE 68466                              | <u> </u>            |  |                    |                         |                      |                                     | PENDII YEAR                         | NG X NO                      |  | STA                | TE             | NIT.            | V2/4 |
| 1  | LICENSE<br>PLATE                  | PA YEAR   | •  | MAKE                                  | MOD                 | DEL  |                    | BODY STY                | LE                   | (Pla                                | color                               | 2016                         | STIMATED I   | (Of PI             | ′              | NE              | V2/4 |
| V2/Q   | VEHICLE                           |   | 2005   | )LT                                   |                     |  |                    |                         |                      | red X TOT                           |                                     |                              | OTALED \$  |                    |                |                 |      |
| 1<br>к   | VEHICLE ID<br>NO. (VIN)           | 2CI   | NDL63F456  |                                       |                     |  |                    | Farm                    | ers Mutual           |                                     |                                     |                              |  |                    |                |                 |      |
| 02   | 1944 S                            | Towing  |  |                                       |                     |  | POLICY NO          |                         |                      |                                     |                                     |                              |  |                    |                |                 |      |
| Complete this section for all injured pe<br>(Complete a continuation report, if more than three were inj |                                   |   |  |                                       |                     |  |                    | ions                    |                      |                                     |                                     | OF BIRTH                     | Seat   | <b>2</b><br>Eject  | Body<br>Region | Injury Sev. Tra | SEX  |
| VEH. #   | NAME                              | (00///  | proto a communi                                    |                                       | DRESS               | y word mya                                 | , ou <sub>j</sub>  |                         |                      |                                     | (                                   |                              | Position   | ,                  | Region         | Sev.            |      |
|  | LOCAL NO.                         |   | MEDICAL FACILITY NAME                              |                                       |                     |  |                    | EMS SERVICE NAME        |                      |                                     |                                     | EMS RU                       | EMS RUN REPORT NO.                                   |                    |                |                 |      |
| VEH. #   | NAME ADDRESS                      |   |  |                                       |                     |  |                    |                         |                      |                                     |                                     |                              |  |                    | ı              |                 |      |
| v⊆⊓. #   |                                   |   |  |                                       | ·<br>               |  |                    |                         |                      |                                     |                                     |                              |  |                    |                |                 |      |
|  | LOCAL NO.                         |   | MEDICAL FACILITY                                   | NAME                                  |                     |  | EMS SE             | RVICE NAM               | E                    |                                     |                                     |                              | EMS RU   | N REPO             | ORT NO.        |                 |      |
| VEH. #   | NAME                              |   | 1  | AD                                    | DRESS               |  | 1                  |                         |                      |                                     |                                     |                              |  |                    |                |                 |      |
|  | LOCAL NO.   MEDICAL FACILITY NAME |   |  |                                       |                     |  | EMS SERVICE NAME   |                         |                      |                                     |                                     |                              | EMS RU   | EMS RUN REPORT NO. |                |                 |      |

